

**Work Is Everyone's  
Business  
Recovery Oriented  
Employment Services  
Toolkit**



State of Connecticut  
Department of Mental Health and Addiction Services  
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[www.ctgov/dmhas](http://www.ctgov/dmhas)



## **Recovery Oriented Services (ROES) Guide Team**

For the past four years, a small group of representatives from various State and provider agencies has been meeting to discuss and review employment practices that serve people in recovery from addiction disorders.

Although the team has gone through various ups and downs, it has morphed into a core group of people who share the belief that employment is a critical ingredient of the recovery process and the sense of community belonging (as cited in the Department's Recovery Oriented Employment Services Vision Statement in 2003). This team of dedicated people has given selflessly of their time and talent in developing this toolkit. We sincerely hope it is helpful in conveying the message:

### ***RECOVERY IS WORKING!***

#### **ROES Provider Toolkit Team Members:**

Michael Bartley	Department of Labor
Anthony Corso	Connecticut Renaissance
Diana Desnoyers	CT Community for Addiction Recovery (CCAR)
Steve Dombrowski	Office of Workforce Competitiveness/Dept. of Labor
Vicki Dyar	The APT Foundation
James McNeill	Connecticut Valley Hospital (CVH)
Jazmin Molina	Department of Correction
Jorge Perez	Crossroads
Lori Rugle	Department of Mental Health and Addiction Services
Lew Slotnick	United Labor Agency
Kim Turner-Haugabook	Stonington Institute
Mary Wolak	Connecticut Valley Hospital

## DMHAS Funded Employment Agency Listing

### **-ADRC. Tim Waters, (806) 721-3701 ext. 53070**

-American School for the Deaf

### **-APT Vocational Services, Vicki Dyar, (203) 781- 4670**

-Bridges, a Community Support System, Inc.

-Chrysalis Center, Inc.

-City of Bridgeport

-Community Consultation Board

-Community Enterprises, Inc.

-Community Mental Health Affiliates

-Community Work (CW) Resources

-DATAHR Rehabilitation Institute, Inc.

-Easter Seals Employment Industries of Waterbury

-Easter Seals Greater Hartford Rehabilitation Center, Inc.

-Easter Seal Goodwill Industries Rehabilitation Center, Inc.

-Education Connection

-Fellowship Place

-First Step

-Genesis Center, Inc.

-Goodwill Industries of Western Connecticut

-Harbor Health Services, Inc.

-Human Resource Development of Naugatuck (HRD)

-Inter-Community Mental Health

-Kennedy Center

-Keystone House, Inc.

-KUN Employment Opportunities

-Laurel House

-Marrakech Day Services, Inc.

-Mental Health Association, Inc.

-Mid-State Behavioral Health System, Inc.

-Prime Time House

-Rehabilitation Center of Southwestern Connecticut, Inc.

-Reliance House, Inc.

-Search for Change

### **-United Labor Agency, Lew Slotnick, (806)347-8060**

-United Services

-Valley Mental Health Center, Inc.

-Yale Psychiatric Institute/WAGE

***Agencies in bold specialize in working with individuals***

***with substance abuse disorders***

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Department of Mental Health & Addiction Services  
Recovery Oriented Employment Services (ROES)  
Demographic/Intake Vocational Skills Profile



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/Town, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Referred by \_\_\_\_\_

**Gender:**

- Male
- Female

**Home Life:**

- Head of Household (Yes/No)
- Number of Dependents

**Race/Ethnic Background:**

- White
- African American
- Hispanic
- Asian
- American Indian
- Other (Please Specify) \_\_\_\_\_

**Marital Status:**

- Single
- Married
- Divorced
- Co-habitation
- Separated

**Education** (check highest level achieved)

- Elementary
- Some High School
- High School Graduate/GED
- Some College/Technical
- College Graduate
- Attending GED Preparation
- Attending College
- Attending Technical School
- Attending Evening High School
- Attending Literacy Volunteers

**Income Status:**

- Collecting Unemployment
- Gainful Employment
- Workers Compensation
- SSI/SSDI
- TANF
- SNAP
- Veteran's Benefits
- SAGA
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_ Weekly Income

**Employment Status: (check all that apply)**

Unemployed     Part Time     Volunteer     In Training     In Treatment

Other (please specify) \_\_\_\_\_

If employed: Employer's Name and Address: \_\_\_\_\_

Last Date Worked \_\_\_/\_\_\_/\_\_\_ Last Wage Earned/Hour: \_\_\_\_\_ Length of Unemployment (Weeks) \_\_\_\_\_

**Veteran's Status:**

- Not a Veteran
- Disabled
- Vietnam Veteran
- Enduring Freedom
- Iraqi Freedom
- Other
- \_\_\_\_\_ Date of Discharge
- \_\_\_\_\_ Type of Discharge (Honorable  
Dishonorable, General, Medical)

**Housing:**

- Independent
- Living with others
- Staying with family
- Half-way house
- Sober House
- Transitional Living
- Homeless

**Behavioral Health History**

- Alcohol
- Marijuana
- Cocaine
- Hallucinates
- Heroin
- Opiates
- Problem Gambling
- Received In-patient or Outpatient Services for  
Psychiatric Disorders
- Do you take medications?
- Other Combination (please specify)

**Obstacles to Seeking Employment:**

- Transportation
- In Treatment
- Day Care
- Child Support
- Lack of Experience
- Lack of Skills
- Lack of Education
- Disability
- Dislocated Worker
- Displaced Homemaker
- Limited Language Skills
- Older Worker
- Mental Health History (anxiety, depression,  
other)
- Conviction Record
  - Pending Cases
  - Parole
  - Currently on Probation
  - Completed Probation
- Misdemeanor
- Substance Abuse History
- Problem Gambling History
- Credit History
- Other (please specify) \_\_\_\_\_

**Treatment Status**

- Inpatient
- Outpatient
- Other Supportive Organization
- Inpatient

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Initial Contact:** \_\_\_/\_\_\_/\_\_\_

**Follow-Up:** \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
**Counselor/Reviewer's Signature**

\_\_\_\_\_  
**Program Participant's Signature**

## **Barriers that may be identified and ways to discuss solutions:**

### **Lack of Transportation**

Bus, Car pool, Walk. Bike, DATTCO, Train, Ride works, Basic Needs, ATR Program, keep money for a taxi in case of emergency.

### **In Treatment:**

If you are on medication which makes you sleepy or drowsy learn to identify what times of the day you are most awake, and schedule job searches and or interviews between those hours. Remember you want to look your best, feel your best, so that you can be the best. Know what your flexibility is before you begin a job search, only come to days/hours that you are capable of working

### **Lack of Childcare**

Call info line (211), apply through the Department of Social Services for payment of childcare, teach how to interview potential sites.

### **Child Support:**

Determine whether child support has been ordered and when the last time they paid. Encourage the individual to modify their amount. Info on how to do this is located at **[www.gov/dss/cwp](http://www.gov/dss/cwp)**

### **Lack of Experience/References:**

Begin talking to friends (absolutely no family members), ask a prior employer or co-worker with whom you have a positive relationship, Minister, Grocer, or someone who you have done volunteer work for. Possibly do volunteer work while job seeking. This will enable you to gain skills and recent work experience.

**[www.serve.gov](http://www.serve.gov)**

### **Lack of Job Seeking Skills**

Attend vocational classes/Job Seeking Skills Workshops, utilize the library, internet, and workshops at CT Works, PRACTICE and PRACTICE. A nice curriculum is available on **[www.ct.gov/dol](http://www.ct.gov/dol)**

### **Lack of Education**

Attend GED classes, take English as a second language (ESL) classes, utilize the internet to investigate education and training programs, consider non-credit and continuing education courses for personal enrichment, computer literacy at a community college and/or CT Works. A program to assist individuals with enrolling in college is available at: **[www.contacinc.org](http://www.contacinc.org)**

### **Displaced Home Maker/ Lack of recent work history**

Focus on transferable skills, volunteer experience, self-employment, things you did as a homemaker or work experience while incarcerated, learn how to discuss gaps in an interview.

### **Limited Language Skills**

Take a refresher course at Adult Education, utilize spell check/grammar check, do not use words you cannot pronounce or do not know what they mean, use a dictionary.

### **Ageism, racism, sexism, and physical appearance**

Focus on strengths, present yourself with confidence, this may help others overcome their prejudices, if you feel you are being discriminated against you may not want to work for the employer, get a trusted friend to look at how you present.

### **Criminal History**

Request a copy of your record, learn how to discuss in an interview. Do not offer too much/too explicit information. Begin the pardon process. Info on how to do this is located at: **[www.lac.org](http://www.lac.org)**

### **Addiction History**

No need to discuss, protected under the ADA and confidentiality law, do not offer too much information. Look for work that does not interfere with treatment commitments. This website has wonderful talking tips and info about rights **[www.askjan.org](http://www.askjan.org)**

### **Lack of Motivation**

Create a schedule and stick to it. Volunteer, attend self help groups, etc. See your clinician to let him/her know how you are feeling. Reward yourself as you progress with each small step, build on your successes.

**[www.refresher.ocm/mindfulnetwork/articlelive/](http://www.refresher.ocm/mindfulnetwork/articlelive/)**

### **Problem Gambling/Credit Problems**

For individuals that feel their credit report may interfere with getting a job help them know the facts : **[www.ct.gov/dmhas](http://www.ct.gov/dmhas) and [www.ftcgov](http://www.ftcgov)**

### **No one has hired you**

Be persistent/ask why, ask for ways to improve, ask what skills did the person have who was hired, practice interview techniques with people you know and do not know and ask for constructive feedback, don't react and don't take things personally.

### **Ageism, racism, sexism, and physical appearance**

Focus on strengths, present yourself with confidence, this may help others overcome their prejudices, if you feel you are being discriminated against you may not want to work for the employer, get a trusted friend to look at how you present.



**Department of Mental Health & Addiction Services  
Recovery Oriented Employment Services (ROES)  
Vocational Skills Application**



1. Name \_\_\_\_\_ DOB \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

2. Address \_\_\_\_\_

3. Phone \_\_\_\_\_ Head of Household? \_\_\_\_ # Dependents \_\_\_\_ # in Family) \_\_\_\_\_

4. Education (last grade completed or GED) \_\_\_\_\_ Special Courses/Training \_\_\_\_\_

5. Military Service? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Highest Rank \_\_\_\_\_

6. What type of work did you do? \_\_\_\_\_

7. What type of discharge? \_\_\_\_\_ Do you receive veteran's benefits? \_\_\_\_\_

8. I would like work that is: (check all that apply) Full Time \_\_\_\_ Part Time \_\_\_\_ Temporary \_\_\_\_ Permanent \_\_\_\_

9. I am **interested** in the type of work I have checked below:

<b>Office/Clerical</b>		<b>Service Industries</b>
<b>Industrial/Factory</b>		Finance (bank teller, etc.)
Production (assembler, etc.)		Health (nurse's aide, etc.)
Inventory Control		Social Services (caseworker, etc.)
Shipping/Receiving		Education (teacher's aide, etc.)
Maintenance		Retail (store clerk, etc.)
<b>Building/Construction</b>		Commerce (sales rep., etc.)
Type of Trade:		Government (mail carrier, etc.)
Apprenticeship:		Data Control (computer, etc.)
Landscaping/Snow Removal		Food Service
		Hospitality
<b>Transportation (driver, delivery)</b>		<b>Other</b>

10. I have **experience and/or skills** in the types of work I have checked below:

<b>Office/Clerical</b>		<b>Service Industries</b>
<b>Industrial/Factory</b>		Finance (bank teller, etc.)
Production (assembler, etc.)		Health (nurse's aide, etc.)
Inventory Control		Social Services (caseworker, etc.)
Shipping/Receiving		Education (teacher's aide, etc.)
Maintenance		Retail (store clerk, etc.)
<b>Building/Construction</b>		Commerce (sales rep., etc.)
Type of Trade:		Government (mail carrier, etc.)
Apprenticeship:		Data Control (computer, etc.)
Landscaping/Snow Removal		Food Service
		Hospitality
<b>Transportation (driver, delivery)</b>		<b>Other</b>

Employment History (**Please list last employer first**)

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Month/Year Month/Year

Company \_\_\_\_\_ Address \_\_\_\_\_

Position Title \_\_\_\_\_

Specific Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Month/Year Month/Year

Company \_\_\_\_\_ Address \_\_\_\_\_

Position Title \_\_\_\_\_

Specific Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Month/Year Month/Year

Company \_\_\_\_\_ Address \_\_\_\_\_

Position Title \_\_\_\_\_

Specific Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Date Started \_\_\_\_\_ Date Left \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Month/Year Month/Year

Company \_\_\_\_\_ Address \_\_\_\_\_

Position Title \_\_\_\_\_

Specific Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Describe any volunteer work you have done: \_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like to add (i.e., other interests, hobbies, etc.) \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Reviewed by (Counselor) \_\_\_\_\_ Date \_\_\_\_\_

*Adapted from ULA Project Application 1/20/10*

### How to Use the Initial Employment Plan

This form should be completed at the end of the assessment. Goals and objectives should be extrapolated from what the client said during the assessment. Steps should be written to meet each of those goals. This plan should reflect job readiness in terms of planning, career planning and job placement goals.

The review is completed every \_\_\_\_\_ days from the original plan date until all goals are completed. (This form is something the client can take with him/her as progress is made through the system of care).

Element	Description
Client Name	Name of the client
Date	Date you are completing this form
Date of Birth	Client's date of birth
Review Date	90 days from the day the form was first completed
Vocational Counselor	Name of the person completing this form with the client
Supervisor	Name of your supervisor
Primary Clinician	Referring clinician
Clinic	Clinic where client is receiving clinical services
Mental Health	Psychiatric/psychological issues
Substance Use	Any substance use reported by the client
Problem Gambling	Any issues around gambling reported by the client
Medical	Medical issues or physical limitations
Family	Married/single/separated – any family situation related to working
Environment	Living situation-independently/ with family, partner, children, etc.
Documentation	Issues with identification, i.e. birth certificates, drivers license, etc.
Legal Issues	Indicate history or pending cases that may interfere with goals
Financial/Credit Score	Financial issues that may interfere with goal
Education/Skill Level	Issues around skills/training or education that may interfere with goal
Other: i.e. Entitlements, Transportation, Housing, etc.	Any other issues that may interfere with achieving goal's)

## Examples of Rehabilitation Objective

1. Objective: I would like assistance solidifying a vocational direction.  
Steps: Interest testing  
Career exploration  
Outcome: I will solidify a vocational direction utilizing his/her interests and values
  
2. Objective: I would like assistance enrolling in a training program  
Steps: Explore training programs  
Funding exploration  
Refer to BRS, CONTAC . . .  
Outcome: I will be enrolled in an appropriate training program
  
3. Objective: I would like assistance becoming "job ready"  
Steps: Resume writing  
Job seeking skills group  
Outcome: I will improve the effectiveness of my job search

**Type of Service:** individual, group, referral

**How Often:** one time, weekly, bi-monthly, etc.

**Who is Responsible:** indicate who is responsible for completing this step.



INITIAL EMPLOYMENT PLAN

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Review Date: \_\_\_\_\_

Vocational Counselor: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Primary Clinician: \_\_\_\_\_ Clinic: \_\_\_\_\_

	Barriers to Achieving Goals	Steps to Overcome Barriers	Dates
Mental Health			
Substance Use			
Problem Gambling			
Medical			
Family			
Environment			
Documentation			
Legal Issues			
Financial/Credit Score			
Education/Skill Level			
Other: i.e. Entitlements, Transportation, Housing			

Rehabilitation Objective 1:

\_\_\_\_\_

Steps to Achieve Objective	Type of Service	How Often	Who is Responsible
a.			
b.			
c.			

Expected Outcome:

\_\_\_\_\_

Expected Date: \_\_\_\_\_

**Rehabilitation Objective 2:**

---

Steps to Achieve Objective	Type of Service	How Often	Who is Responsible
a.			
b.			
c.			

**Expected Outcome:**

---

**Expected Date:** \_\_\_\_\_

**Rehabilitation Objective 3:**

---

Steps to Achieve Objective	Type of Service	How Often	Who is Responsible
a.			
b.			
c.			

**Expected Outcome:**

---

**Expected Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Adapted from APT Voc. Svs. Initial Employment Plan